| $\overline{}$  |  |   |                         |                                     |            |                  |   |  |                              | <del></del> |              |                        |  |
|--|--|---|-------------------------|-------------------------------------|------------|------------------|---|--|------------------------------|-------------|--------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004  |  |   |                         |                                     |            |                  |   |  | Application or Docket Number |             |              |                        |  |
|  |  |   |                         |                                     |            |                  |   |  | 10                           | 10          | 80 700       |                        |  |
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)  |  |   |                         |                                     |            |                  |   | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                              |             |              |                        |  |
| U.S. NATIONAL STAGE FEES   |  |   |                         |                                     |            | ·                | ] | RATE   | FEE                          | ]           | RATE         | FEE                    |  |
| BASIC FEE  |  |   |                         |                                     |            |                  | 1 | BASIC FEE                                    | 157                          | OR          | BASIC FEE    |                        |  |
| EXAMINATION FEE  |  |   |                         |                                     |            |                  | 1 | EXAM. FEE                                    | (())                         |             | EXAM. FEE    |                        |  |
| SEARCH FEE   |  |   |                         |                                     |            |                  |   | SEARCH FEE                                   | 20)                          |             | SEARCH FEE   | †                      |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | 100 mi                  | nus 100 =                           |            | / 50 =           |   | X \$ 125 =                                   |                              |             | X \$ 250 =   |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 8 minus 20 = .          |                                     |            |                  |   | X \$ 25 =                                    |                              | OR          | X \$ 50 =    |                        |  |
| INDEPENDENT CLAIMS   |  |   | 2 minus 3 = .           |                                     |            |                  | 1 | X \$ 100 =                                   |                              | OR          | X \$ 200 =   |                        |  |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT                   |                                     |            |                  | 1 | + \$ 180 =                                   | -                            | OR          | + \$ 360 =   |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                         |                                     |            |                  |   | TOTAL  | 450                          | OR          | TOTAL        |                        |  |
| (Column 2) (Column 3) SMALL ENTITY OR SM   |  |   |                         |                                     |            |                  |   |  |                              | OTHER 1     |              |                        |  |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT          |                         | HIGHE<br>NUMB<br>PREVIOU<br>PAID F  | ER<br>JSLY | PRESENT<br>EXTRA |   | RATE   | ADDI-<br>TIONAL<br>FEE       |             | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | . 8                                       | Minus                   | 1-21                                | 2          |                  |   | X \$ 25 =                                    |                              | OR          | X \$ 50 =    |                        |  |
|  | Independent                                    | :3  | Minus                   | ?                                   | 2          | -O-              |   | X \$ 100=                                    |                              | OR          | X,\$ 200 =   |                        |  |
|  | FIRST PRES                                     | ENTATION OF N                             | ULTIPLE DEPENDENT CLAIM |                                     |            |                  |   | + \$ 160 =                                   |                              | OR          | + \$ 360 =   |                        |  |
| ·  |  |   |                         |                                     |            |                  |   | TOTAL ADDIT.<br>FFF                          |                              | OR          | TOTAL ADDIT. |                        |  |
|  |  | (Column 1)                                |                         | (Colum                              | n 2)       | (Column 3)       |   |  |                              |             |              | İ                      |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                         | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY | PRESENT<br>EXTRA |   | RATE   | ADDI-<br>TIONAL<br>FEE       |             | RATE         | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | •   | Minus                   | **                                  |            | а                |   | X \$ 25 =                                    |                              | OR          | X \$ 50 =    |                        |  |
| AME  | Independent                                    | •   | Minus                   | ***                                 |            | =                |   | X \$ 100 =                                   |                              | OR          | X \$ 200 =   |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                         |                                     |            |                  |   | + \$ 180 =                                   |                              | OR          | + \$ 360 =   |                        |  |
|  |  |   |                         |                                     |            |                  |   | TOTAL ADDIT.<br>FFF                          |                              | OR          | TOTAL ADDIT. |                        |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                         |                                     |            |                  |   |  |                              |             |              |                        |  |